

DATE_____

SCHOOL NAME_____

SCHOOL ADDRESS_____

ATTN: ADMINS IN CHARGE OF IEP_____

Certified Mail - Return Receipt Requested

RE: Individualized Education Plan for STUDENT NAME & GRADE_____
Parents' Request for Accommodation and Notice of Potential Liability

Dear Staff:

We hereby request the accommodation that our above-named SON/DAUGHTER's school time be used exclusively for study purposes, and that _____staff, administration and contractors refrain from interrupting our disabled child's learning time with partisan political teachings or activities. These activities have directly interfered with our student's ability to focus on HIS/HER studies.

We specifically request the accommodation that our handicapped child's privacy and bodily autonomy be respected; that _____staff, administration and contractors refrain from any attempts to interrogate or survey our SON/DAUGHTER about HIS/HER sexual privacy; and that absolutely no attempt be made to teach HIM/HER that people can be born in the wrong body.

We have seen instructional materials that promote unscientific political theories of mind-body disconnect; including inaccurate, homophobic and anti-handicapped stereotypes of what is considered normal; and teaching children that their bodies are "wrong" if they do not comport to said stereotypes.

It is against federal and state law for educators to use their trusted positions to politically or sexually indoctrinate, coerce or harass students. We are saddened that we have to ask as part of our disabled child's IEP for the accommodation that HIS/HER privacy, autonomy and constitutional rights be respected.

You are advised that we will hold SCHOOL_____ and DISTRICT_____ liable for any harm that comes to STUDENT_____ as a result of sex- or gender-related school activities that we haven't expressly consented to in writing. This includes any teaching that HE/SHE could be in the "wrong" body, any endorsement of surgical or pharmaceutical experimentation to correct being in the "wrong" body; any interrogation about personal sex/gender preferences or characteristics by SCHOOL staff, subcontractors, or student peers acting on school instruction; and any induced participation in surveys/studies of students' sex- or gender-related behaviors/characteristics by third parties such as universities or government agencies.

Sincerely,

PARENTS NAMES_____

Parents of _____

ADDRESS_____

cc: SCHOOL PRINCIPAL
DISTRICT OFFICIALS IN CHARGE OF HEALTH/SEX ED CURRICULUM